

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007037

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 687

FILED FEB 18 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kans</u> b. COUNTY <u>Miami</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kans City Mo.</u>		c. CITY OR TOWN <u>Parla</u>	
Length of stay in 1b <u>6 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF DECEASED (If not in hospital, give location) <u>Babtie Mem-Hoop</u>		d. STREET ADDRESS (If outside, give location) <u>Rural 4</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Verlin V. Snouffer</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>30</u> Year <u>63</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-27-1884</u>	9. AGE (last birthday) <u>78</u>	10. IF UNDER 1 YEAR Months <u>1</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Miami Co KS</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Mr. Snouffer</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Megee</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. V. Snouffer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Mrs. V. Snouffer</u>	
				Address <u>Parla KS</u>	

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Head Injury</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Brain Damage - Laceration - contusion</u>		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED..(Enter nature of injury in PART I or PART II of item 18.) <u>Fell, striking head</u>	
20c. TIME OF INJURY Hour <u>7 a.m.</u> Month <u>1</u> Day <u>20</u> Year <u>63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, office bldg., etc.) <u>Green</u>		20f. CITY, TOWN, OR LOCATION <u>Parla</u>	
		COUNTY <u>Miami</u> STATE <u>KS</u>	

21. I attended the deceased from <u>1-20-63</u> to <u>1-30-63</u> and last saw her alive on <u>1-30-63</u>	
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>Robert W. Forsythe</u>		(Degree or title) <u>M.D.</u>		22b. ADDRESS <u>4320 W. 11th Rd</u>		22c. DATE SIGNED <u>7/1/63</u>	
23a. RITUAL CREMATION, REMOVAL (Specify) <u>Funeral</u>		23b. DATE <u>2-2-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oxawatomie</u>		23d. LOCATION (City, town, or county) (State) <u>Oxawatomie KS</u>	
24. FUNERAL DIRECTOR <u>Helman & Son</u>		ADDRESS <u>Parla Kans</u>		25. DATE RECD. BY LOCAL REG. <u>2-1-63</u>		26. REGISTRAR'S SIGNATURE <u>Beth Long</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Robert W. Forsythe, M.D.

VS 300
Rev. 4/59

DATE AMENDED

ITEM NO.

1
2 8150
3
4 0
5 1
6
7 1
8 2
9 90235
10 44
11 815
12 50-0
13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____

working under my personal supervision.

Student: _____
Signature of Student Embalmer

Signed

Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park, Ks

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.